

Online Incident Claim Form

Providing us with the following information online will help expedite investigation of your claim.
Please do not leave any field blank and be as specific as possible. If an item does not apply, write N/A in the field.
Upon submittal of your form, a representative of Wadsworth Brothers Claims Department will contact you.
To receive a form by mail or Fax, call and ask for "Claims" 801-576-1453

Wadsworth Brothers Construction
13526 South 110 West, Draper Utah 84020

Name: _____ Accident Date: _____

Date: _____ Time of accident: _____

Address: _____ Home Phone: _____

City, State, Zip: _____ Work Phone: _____

Make and Model of your vehicle:

Color of your vehicle: _____ Vehicle License: _____

Location of incident. Please be as specific as possible (i.e. street name, mile marker #, exit #, exact address, etc.)

What direction were you traveling, and in what lane?

What contractor owned material or equipment was involved? (i.e. explain some equipment)

Please describe the incident. Please be as specific as possible. (use other page if needed)

Please describe the weather conditions that day (Rainy, cloudy, sunny)

Was there property damage? If yes, please describe in as much detail as you can.

Were any injuries sustained? If yes, please describe in detail.

Were there any witnesses to the incident?

Witness Name: _____ Witness Phone #: _____

Witness Name: _____ Witness Phone #: _____

Additional Information

For office use only

Reviewed by:

Date:

Additional Info needed? Yes / No

If yes, What?

Notes:

Disposition: Upheld / Denied

Letter Sent: Yes / No

Signature: